

Training

CAP OPERATIONAL MISSIONS

CAPR 50-15, 1 February 1996, is changed as follows:

1. Page-Insert Changes. New or revised material is indicated by an *.

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43 thru 44	1 Feb 96	43 thru 44

PAUL J. ALBANO, Sr., Colonel, CAP
Executive Director

DAVID L. MILLER
Chief of Mission Support Administration

RICHARD L. ANDERSON, Brigadier General, CAP
National Commander

CIVIL AIR PATROL CD MISSION STATEMENT OF UNDERSTANDING

Pursuant to the Agreement among the Civil Air Patrol, Drug enforcement Administration, Customs Service, Forest Service and the Air Force, I may be asked to assist the Customs Service, Drug Enforcement Administration or Forest Service by providing and operating CAP aircraft for law enforcement officers who will conduct reconnaissance to detect illegal drug activity. I understand the dangers which may result from these patrol flights, which might put me in close proximity to armed drug traffickers. However, I agree I will neither possess nor use any weapons while on a Counterdrug (CD) mission, nor will I physically participate in arrest or detention procedures or search and seizure of evidence.

I further understand that due to the sensitive nature of this mission, a security screening of participating CAP members is required.

* * * * PRIVACY ACT STATEMENT * * * *

Authority for Collecting Information: E. O. 10450; U.S.C. 1303-1305; 42 U.S.C. 2165 AND 2455; 22 U.S.C. 258 and 2519; 3301, 19 U.S.C. 1551, 1565, 1641; 19 CFR 122.42.

PURPOSE AND USE: Information provided on this form will be used to obtain information regarding your activities in connection with an investigation to determine:

1. Clearance to perform service for the Federal Government.
2. Security clearance or access.

The information obtained may be furnished to third parties as necessary in the fulfillment of official duties.

EFFECT of NONDISCLOSURE: Furnishing the required information is voluntary, but failure to provide all of the information for clearance or access, may result in the termination of your consideration for clearance.

I CERTIFY I HAVE READ THE **STATEMENT OF UNDERSTANDING** AND THE **PRIVACY ACT STATEMENT** ABOVE. THE STATEMENTS MADE BY ME ON THIS FORM ARE COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY FALSE STATEMENT IN THIS APPLICATION MAY BE PUNISHED UNDER TITLE 18 U.S.C. 1001.

Applicant Signature _____ Date _____
(PLEASE SIGN WITH INK)

CAP WG/CC _____ Date _____